



## Texas Department of Health

William R. Archer III, M.D.  
Commissioner of Health

<http://www.tdh.state.tx.us>

Charles E. Bell, M.D.  
Executive Deputy Commissioner

1100 West 49th Street  
Austin, Texas 78756-3199  
512/458-7111

### Texas Emergency Medical Services (EMS) Certification by Reciprocity

#### Application Requirements:

An applicant with CURRENT, out-of-state certification or registration with the National Registry of EMTs, may apply for certification in Texas by completing the enclosed application, submitting proof of current certification, and paying the appropriate fee. All deficient and/or incomplete applications will be returned for completion.

#### Procedure:

- Complete the enclosed application, attach the required documentation (include photocopy of current EMS ID card ), include the applicable fee.
- Upon evaluation of the application, the applicant may be certified for a period of one year. Subsequent written verification will be obtained from the verifying/certifying agency. Certificants seeking reciprocity at the EMT-I level must have training (verifiable by the certifying state agency) that includes alternative airway devices, IV and PASG as required for EMT-I certification in Texas.
- You should receive your Texas EMS personnel certificate and wallet card in **approximately FOUR TO FIVE weeks** from postmark date of your application.

#### Requirements After Receiving Reciprocity Certification:

- Prior to the expiration of the one year certificate, the candidate must complete 25% (or one year's worth) of the required continuing education (CE) hours in **specific content areas**, apply for Texas EMS personnel certification with the applicable application fee and successfully pass the written certification examination.
- Upon successful completion of these components, the EMS personnel certificate will be valid for 4 years.
- Candidates who do not complete the requirements for renewal before the expiration of the one year certificate or who fail the written retest exam must take another initial course to become eligible for certification.

#### Paramedic Licensure Reciprocity:

Paramedic licensure reciprocity is available to qualified applicants. Until August 31, 2002, certified paramedics may apply for paramedic licensure if they have completed at least 60 hours of college credit from a regionally accredited college or university which includes the Academic Core Curricula. The reciprocity process for licensure is significantly different from certification reciprocity. See our web site for the application form and procedure to obtain Paramedic Licensure.

<http://www.tdh.state.tx.us/hcqs/ems/sreciplp.htm>

If you need assistance, please contact this office at (512) 834-6700. Thank you for your interest in Texas EMS.

EMS Standards  
Bureau of Emergency Management

9/00



**TEXAS DEPARTMENT OF HEALTH**  
**Bureau of Emergency Management**

**Emergency Medical Services Personnel Certification**  
**Reciprocity Application**

For TDH Use Only

2A284/160

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

All information given on this application is considered public record, with exception of social security number\* and driver's license number.

**Type or print in black ink.** Fill in every blank or use "NA" if question does not apply.

Make check or money order payable to the Texas Department of Health. Mail completed application and check or money order, **in the preprinted envelope**, to: Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.

**Section 1**

<b>Name:</b>						<b>Social Security Number*</b>	
Last		First		Middle		- -	
<small>*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.</small>							
<b>Mailing Address:</b>		Street Address or PO Box		Apt #	City	State	Zip
							County (do not list country)
<b>Drivers License Number:</b>					<b>State:</b>		<b>Birth Date:</b> / /
<b>Home Telephone:</b> ( )				<b>Business Telephone:</b> ( )			
<b>Level for which you are applying:</b> <b>G EMT</b> <b>G EMT Intermediate (EMT-I)</b> <b>G EMT Paramedic (EMT-P)</b> Do not use this application form if applying for paramedic licensure. See cover sheet for procedure to obtain paramedic licensure reciprocity.							

**Section 2 - Education and Training Information**

<b>G Out of state EMS certificate number***:</b> _____			<b>State:</b> _____		<b>Level:</b> _____	
<b>G National Registry of EMTs certificate number ***:</b> _____			<b>Level:</b> <b>G EMT</b> <b>G Intermediate</b> <b>G Paramedic</b>			
*** Attach copy of wallet card certificate(s)						
<b>In what state did you receive your initial training at this level:</b> _____					<b>Date:</b> _____	
<b>In what state(s) did you renew your certification:</b> _____					<b>Date(s):</b> _____	
<b>How many continuing education hours have you accumulated since your last certification exam:</b> _____						

**Section 3 - Certification History**

Have you:	State(s)	Date(s)
• had disciplinary action taken against your EMS personnel certification?	G yes    G no _____	_____
• been suspended/revoked in any state?	G yes    G no _____	_____
• been denied certification in any state?	G yes    G no _____	_____
• previously received reciprocity in any state?	G yes    G no _____	_____
If yes, in what state(s) have you been granted reciprocity? _____		<b>Date:</b> _____
		<b>Date:</b> _____

**L continued on back... L**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Section 4 - Fees

Make check or money order payable to Texas Department of Health. Check payment(s) enclosed:

G \$100.00 Administrative fee (All levels: EMT, EMT-I or EMT-P)

G \$20.00 *Texas EMS Magazine* (2 year subscription)

G \$35.00 *Texas EMS Magazine* (4 year subscription)

#### Section 5 - EMS Employer Information

Are you associated with a Texas licensed EMS Provider or registered First Responder Organization? G Yes or G No If yes,

List all Texas licensed EMS firms and/or registered First Responder Organizations for which you work/volunteer:

Name of Firm

Address

City, State, Zip

Volunteer/Paid

#### Section 6 - Felony/Misdemeanor Information - all applicants must complete this section

Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information below.

**Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor?** G No G Yes

If yes, complete below.

Provide the following information for all felony and/or misdemeanor offenses (NOTE: DWI/DUI must be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). It is your responsibility to ensure that all information/documentation is attached with this application, e.g. court judgement(s), condition (s) of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_ Sentence(s): \_\_\_\_\_ Fine(s): \$ \_\_\_\_\_

City, county and state where offense(s) committed: \_\_\_\_\_

List other names you have used (e.g. alias, married/maiden, etc.) \_\_\_\_\_

Are you/were you on probation/parole? G No or G Yes Projected discharge date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Has your criminal history been evaluated by another state, country or entity? G No or G Yes

If yes, where (city/state/country)? \_\_\_\_\_

When: \_\_\_\_\_

Entity/Agency name: \_\_\_\_\_

#### Section 7 - Signature & Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements and/or information on this application may be considered sufficient cause for denial or revocation of certification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_